								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									09/436850					
_	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OB		R THAN ENTITY		
L	OTAL CLAIM	IS 				ं अधित करा है।		RATE	FEE	٦	RATE	FEE		
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	^{€€} 500	OR					
TOTAL CHARGEABLE CLAIMS			18 m	18 minus 20=		•		X\$ 9=		OR	V540			
IN	DEPENDENT (_ 3 n			•		X40=		1	X80=				
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT					 	OR		-			
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=			
								TOTAL	500	OR	TOTAL			
_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. EŅTITY	OR	OTHER SMALL:			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. //	Minus			=	7	X\$-9=		OR	X\$18=			
AM	Independent	ENTATION OF M	Minus	•••		=		X40=		OR	X80=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	. 125			070			
							L	+135= TOTAL		OR	+270=			
	(Column 2) (Column 3)						A	DOIT. FEE		OR A	DDIT. FEE			
AMENOMENT B		CLAIMS	12-11-1	(Columi HIGHE	ST	(Column 3)	_							
	:	REMAINING AFTER AMENDMENT	190 1981	NUMBI PREVIOL PAID FI	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		=	Ī	X\$ 9=		OR	X\$18=			
	Independent	• • • • • • • • • • • • • • • • • • •	Minus	•••		=		X40=	,	OR	X80≈			
	THOI PHESE	NTATION OF M	ULTIPLE DEF	ENDENT (CLAIM		上							
		ļ		•		• '	L	+135=		OR	+270=			
		. : '-					A	TOTAL DDIT. FEE	لينيا	OR ,	TOTAL DDIT, FEE			
	• • • • • • • • • • • • • • • • • • • •	(Column 1)	. 2.00	(Columi		(Column 3)			î		4			
3 F		REMAINING AFTER AMENDMENT	NAME OF STREET	NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
	Total	•	Minus				F	X\$ 9=	FEE	ŀ		FEE		
	Independent	•	Minus.	***			L'		1	OR	X\$18=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					L	X40=		OR	X80=				
+135-														
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN TUIS SPACE is less than 20, color 20.														
		mber Previously Pal ber Previously Pal						DIT. FEE		_	DOIT. FEE			
200		· (A-Chieff COX	-1 6010	IMT T.			

FORM PTO-675 (Rev. 8/00)